

**SEVENTY-FIRST CLASSICAL
MIDDLE SCHOOL**

RECORDS REQUEST

Student's Name: _____

Homeroom Teacher: _____

Student ID #: _____

I am requesting copies of the following information: (Check all that apply)

_____ 6th grade report card

_____ 7th grade report card

_____ 8th grade report card

_____ Transcript

_____ Scholastic Form (EOG Scores)

_____ Complete cumulative record (For students moving out of state only_

_____ Other: _____

My signature indicates that I understand I will be provided with one copy of each of the items I request.
It is my responsibility to make copies if I need more than one.

Parent's Signature

Date

Please allow 2-3 business days for processing.

Forms will be given to student by homeroom teacher unless otherwise specified.